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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/945,100
Filing Date	August 31, 2001
First Named Inventor	Christopher E. McConn
Art Unit	2625
Examiner Name	Gabriel I. Garcia
Attorney Docket Number	500-3076

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

34904

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

34904

OR

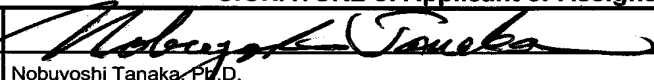
<input type="checkbox"/> Firm or Individual Name			
Address			
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Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Nobuyoshi Tanaka, P.D.		
Date	September 1, 2006	Telephone	+81-3-3758-2111

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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